

State of Idaho
DEPARTMENT OF INSURANCE
700 West State Street, 3rd Floor
P.O. Box 83720
Boise, Idaho 83720-0043
Phone (208)334-4250
FAX # (208)334-4398
agent@doi.idaho.gov

**FOR INDIVIDUAL NAME CHANGES.
PLEASE FILL IN ALL BLANK SPACES.**

Date: _____ License Number: _____ Soc. Sec./FEIN#: _____

Name: _____

Name Change: _____
(attach legal document indicating change)

Signature: _____

RE: ADDRESS CHANGE & INFORMATION UPDATE

The Idaho Code requires an individual or business (licensee) to have an address accessible to the public, which cannot be a post office box. ***The business and residence address provided must be a physical address. The mailing address can be a post office box.***

Residence Address: _____
(Apartment # if applicable)

Residence Phone # _____

Business Name: _____

Business Address: _____
(Please include suite
number if applicable)

Business Phone # _____ Ext. _____ Toll Free # _____

Fax Number: _____

E-Mail Address _____

Mailing Address: _____
(If PO Box, indicate if
business ☐ or personal ☐)

THIS CHANGE REFLECTS A NEW DOMICILE STATE ☐

Please complete the entire form even if address has not changed in all areas